

Volume One

**The
Health of
Aboriginal
Children & Young People**

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PROJECT STEERING COMMITTEE

Ted Wilkes (Chair), Ken Wyatt, Pat Kopusar, Danny Ford, Shane Houston, Henry Councillor, Gregg Stubbs, Shirley Bennell, Lester Coyne, Irene Stainton

The Western Australian Aboriginal Child Health Survey has been carried out under the direction of the project's Aboriginal Steering Committee. As the Aboriginal custodians of the survey data, the Steering Committee is responsible for the cultural integrity of the survey content, field methodology, analysis and interpretation of findings. This committee also has oversight of the survey's community feedback and dissemination strategy to ensure the appropriate utilisation of the data for the benefit of Aboriginal people.

PROJECT FUNDERS

The funding for survey design, interviewer training, field work, data analysis and reporting of the first volume of findings was secured from competitive grants (Healthway and Lotterywest); corporate sponsorship (the Rio Tinto Aboriginal Foundation); the Government of Australia (Departments of Health and Ageing, Family and Community Services, Office of Aboriginal and Torres Strait Islander Health, Attorney General's Department, and Department of Education, Training and Youth Affairs) and the Western Australian State Government (Departments of Health, Education and Training, Community Services including the former Office of Youth Affairs, the Disability Services Commission and the Alcohol and Drug Authority).

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FOREWORD

Since the establishment of the Swan River Colony 175 years ago there have been major changes in the health status of Aboriginal children which have impacted significantly on the quality of life and opportunities of individuals, their families and communities.

Thirty years ago the rate of Australian Indigenous infant mortality was more than double that of the non-Indigenous population. Similar high levels of indigenous infant mortality and disparities with their non-indigenous counterparts also occurred at that time in other formerly colonised countries such as Canada, the USA and New Zealand. However, in contrast to Australia, these other countries have made significant progress over the past three decades in closing the gap in health status between indigenous and non-indigenous people in terms of both infant mortality and average life expectancy. It is unacceptable that a wealthy nation such as Australia has failed to match these gains for its Indigenous people.

The Aboriginal community in Western Australia has placed enormous trust in the Telethon Institute for Child Health Research and the Aboriginal Steering Committee for the Western Australian Aboriginal Child Health Survey. The Steering Committee has been responsible for the governance, cultural integrity and relevance of the survey content, the community engagement processes, the survey methods and the dissemination of findings. The research team at the Institute has worked to secure the resources and to provide the scientific expertise needed to carry out the survey.

This survey has been a monumental effort and both the Aboriginal community of Western Australia and the research team are to be congratulated for the spirit of partnership that has been obvious since its inception. It is in this context that the vision and leadership of Professor Fiona Stanley in supporting the development of the Kulunga Research Network and her championing the need for this survey should be particularly acknowledged.

This first volume of findings contains a wealth of information on the living circumstances of Aboriginal families with children. It covers a wide range of health issues that affect children's health, development and future opportunities. Documenting the current state of Aboriginal child health and development and identifying the key factors which assist Aboriginal children to be nurtured into healthy, productive and fulfilling adult lives is an important step towards policy which acknowledges the lived reality of present day Aboriginal experiences.

If used wisely, this ground-breaking research can help break the shackles of the past and assist the process of true reconciliation by informing effective planning, coordination and delivery of services by the Commonwealth, State, Local Government and Aboriginal community controlled sectors.

It is time that we placed the highest priority on working together to enable all Aboriginal children to grow into healthy adults, to sustain their cultural heritage and enjoy a similar quality of life to other Western Australians.

Ted Wilkes

Associate Professor Aboriginal Health
Centre for Developmental Health
Curtin University of Technology and
Telethon Institute for Child Health Research

Heather D'Antoine

Manager
Kulunga Research Network
Telethon Institute for Child Health Research



Foreword	v
Contents	vi
About this publication	ix
Preface	xi
Chapter 1 The Survey – Objectives, Design and Process	1
Summary.....	3
The Telethon Institute for Child Health Research.....	5
Survey objectives.....	5
Survey concept and development.....	6
Aboriginal direction.....	7
Community consultation and approval.....	7
Ethical approval for the survey.....	8
Indigenous identification and the scope of the survey.....	8
The survey population.....	8
Geographic distribution of the survey population.....	9
Questionnaire development.....	9
Pilot survey, dress rehearsal, and main survey.....	10
Non-response and refusal to participate.....	11
Survey outputs and community feedback.....	13
Research innovations.....	13
A new way of looking at remoteness and isolation.....	13
Record linkage between survey data and administrative data.....	17
Three level hierarchical modelling of weighted survey data.....	19
Survey significance.....	19
Chapter 2 Characteristics of the Population	21
Summary.....	23
Aboriginal children, families and communities – a population perspective.....	25
Birthplace.....	30
Indigenous status and birth mother status of carer.....	30
Forced separation and forced relocation.....	30
Language and cultural activities.....	33
Classification of household by usual residents.....	38
Financial strain, financial stability, carer income and benefits.....	43
Employment.....	46
Education.....	49
Occupation.....	51
Dwelling characteristics.....	52
Detailed tables.....	60



Chapter 3 Physical Health.....	101
Summary	103
Characteristics of children at birth	106
Tobacco, alcohol and drug use during pregnancy.....	114
Breastfeeding	121
Diet and nutrition	125
Asthma	135
Chronic health conditions	142
Childhood injury	151
Oral health.....	153
Disability	157
Detailed tables.....	167
Chapter 4 Use of Health Services	243
Summary	245
Contacts with health professionals	247
Contacts with Aboriginal Medical Services.....	254
Hospital services	258
Use of health services by people with disabilities	263
Factors influencing contacts with health services.....	264
Detailed tables.....	270
Chapter 5 Improving the health and future of Aboriginal children	285
Modifiable health risks.....	287
Demographic diversity and social disadvantage.....	288
Access and barriers to health services	288
Making progress in Aboriginal child health policy	289
Resource domains for Aboriginal child health and development – their creation and maintenance	294
Setting policy directions	298
Concluding comments	299
Appendices	
A A guide to the survey fieldwork instruments	305
B Sample design	309
C Determination of Levels of Relative Isolation based on ARIA++.....	314
D Reliability of estimates	320
E Australian Government and Western Australian Government Aboriginal health policies.....	322
F Western Australian Aboriginal Communities – Maps 1 & 2.....	326
Glossary	328





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ATTRIBUTABLE COMMENTS

The views expressed in the numbered chapters of this publication relating to the implications of the Western Australian Aboriginal Child Health Survey (WAACHS) findings and for future directions in Aboriginal health are those of the Institute. Views expressed in the Foreword and in the Preface are those of the authors.

RELATED PUBLICATIONS

This publication is the first of five volumes planned for release from the results of the Western Australian Aboriginal Child Health Survey. The focus of this volume is Physical Health. Forthcoming volumes will focus on: Social and Emotional Well-being; Education; Family & Community; and Justice issues.

STRUCTURE OF THE PUBLICATION

This volume includes a guest-written foreword and a guest-written preface. Five chapters comprise the bulk of the volume. Non-text elements, such as maps, graphs and charts within chapters are numbered as 'Figures' and are placed as proximate as possible to their reference in the text. Fully estimated statistical tables are numbered as 'Tables' and are at the end of each chapter. 'Figures' usually have 'Tables' as their source and are referenced accordingly. Additional information is included within shaded boxes. The contents of these boxes may assist the reader with specific definitions, and provide background, context or comparison. References cited within commentary boxes are end-noted within the box. Other references within a chapter are noted at the end of that chapter. A series of Appendices and a Glossary follow the final chapter.

UNDERSTANDING THE DATA

The tables and text included in this volume are derived either directly from the Western Australian Aboriginal Child Health Survey, or through linkage of WAACHS data and administrative data. Survey reports were provided by carers of Aboriginal children and were accepted as given, interviewers were not in a position to verify carer responses either at time of interview or afterwards. Medical practitioners were not involved to either diagnose conditions or to validate carer reports of given conditions. Some discrepancy may exist between reported values and actual values.

CUSTODY OF THE DATA

An Aboriginal Steering Committee directed all phases of the Survey. This Committee remains the custodian of all data collected and is responsible for the cultural integrity of the survey methods, analysis and dissemination processes.



COMMUNITY FEEDBACK

The Kulunga Research and Training Network has designed a communication strategy which will maximise information available to Aboriginal communities. The results and findings will be reported and profiled for each of the ATSI regions throughout the state.

CONTACT FOR INQUIRIES

General inquiries about the WA Aboriginal Child Health Survey and inquiries seeking statistical clarification of any of the topics covered should be directed to the Telethon Institute for Child Health Research at waachs@ichr.uwa.edu.au.

OBTAINING COPIES OF THIS PUBLICATION

This publication is available electronically as a portable document format (PDF) file on the Institute's website: www.ichr.uwa.edu.au. Hardcopies of the publication may also be purchased through the Institute for Child Health Research, PO Box 855, West Perth, WA 6872. Telephone (08)9489 7777, Fax (08)9489 7700.

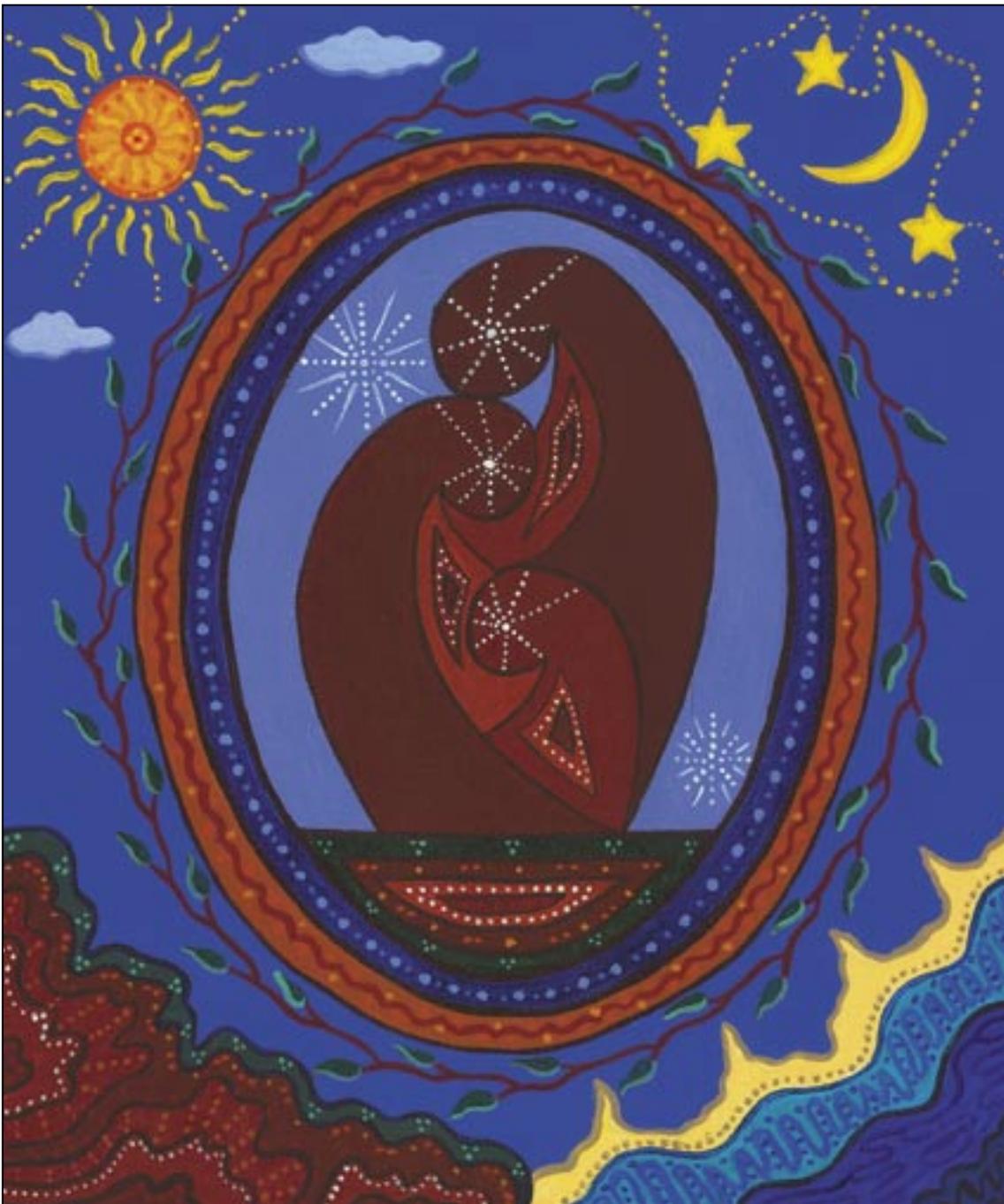
A summary booklet for each of the volumes will be produced in hard copy and will also be available electronically. The summary for this volume is currently available on the ICHR web site.



PREFACE

A/Professor Helen Milroy, MBBS, FRANZCP, Cert Child Psych
 Director of the Centre for Aboriginal Medical and Dental Health
 University of Western Australia

I wish to thank Associate Professor Ted Wilkes for sharing his extensive knowledge, experience and wisdom in preparing the material for discussion.



FAMILY: Children are a gift, born from country into a family, ancestry and culture as enduring as the universe. Connected for eternity through love, life and spirit.



For all the lost children, those still searching, and for the little ones yet to find their way in the world.

ABORIGINAL CHILD HEALTH AND HISTORY

Children have always been regarded as precious and central to Aboriginal society. They represent the continuing link with Aboriginal ancestry and spirituality and carry with them the hopes for the future. Cultural continuity rests on their shoulders and every child has an integral and irreplaceable part to play in life, culture and history. However, Aboriginal children have been traumatised over many generations since colonisation and their place in broader society is yet to be determined. What guarantees can we give Aboriginal children today in view of the level of disadvantage and discrimination currently experienced by Aboriginal peoples within Australia?

Writing from the perspective of an Aboriginal medical practitioner and psychiatrist, I have used the term Aboriginal recognising that some of the issues and experiences discussed in this preface may apply to both Aboriginal and Torres Strait Islander peoples. Whatever terms are used to describe Aboriginal and Torres Strait Islander peoples, they should be used with respect and instil a sense of pride, bearing in mind these 'labels' are applied to identify our children on the basis of their unique cultural heritage.¹

The journey to this point in time is built upon the many stories which reflect the experiences, injustices, resilience and relationships of both the Aboriginal and non-Aboriginal communities of Australia. To understand how these have and continue to affect Aboriginal children's health requires consideration of this historical legacy and a cross-sectional view of children's development within multiple dimensions. The Western Australian Aboriginal Child Health Survey represents a new benchmark in Australian research and gives voice to the lived reality for Aboriginal and Torres Strait Islander children, families and communities throughout this state.

The survey seeks to capture contemporary family portraits or snapshots of children within families. To fully understand these portraits a multidimensional and holistic view of health is required that includes traditional, historical and contemporary contexts while also taking into account the biological, psychological or emotional, social, spiritual and cultural dimensions of life which all impact on and shape the way children develop. It also requires recognising that the collective stories of Aboriginal families and children are as crucial and important to their survival as are any statistical data.

This first volume of findings focuses particularly on children's physical health. The subsequent volumes will focus on other aspects of health and life and progressively build a multi-layered picture of the many factors impacting on health and development. This multidimensional view reflects the holistic way in which Aboriginal people consider health and life. This view is central to and evident in many of the Aboriginal community driven health initiatives that have already been developed. While the tables, graphs and other statistical information provide a unique account of the current state of Aboriginal child health we must remember that these represent real children in real families, in communities and life.



CONCEPTS OF HEALTH

The concept of health as discussed in the “National Aboriginal Health Strategy 1989” report suggests that:

“[Health is]...not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”²

This is also compatible with the holistic view of health articulated in the Guiding Principles of the “Ways Forward” report by Swan and Raphael (1995):

“The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to wellbeing. This holistic concept does not merely refer to the “whole body” but in fact is steeped in the harmonised inter-relations which constitute cultural wellbeing. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter-relations is disrupted, Aboriginal ill health will persist.”³

Physical health is considered part of the broader concept of wellbeing and is hence interconnected to all other aspects of life and development with a particular emphasis on the connection to land. A holistic model of health allows for the development of broader and more innovative solutions to health problems. Policy development, service provision and research all need to encompass this broader understanding of health. They also need to acknowledge that many of the potential solutions or interventions needed to address current health issues lie outside of the health sector and require ‘whole of life’, ‘whole of government’ approaches.

HISTORY AND ITS IMPACT ON HEALTH

The health status of Aboriginal children has changed over time and currently reflects the way in which historical issues have impacted on health. From the Aboriginal perspective, carrying the past with you into the future is as it should be and this reflects both a collective consciousness as well as an individual journey. Stories of ancestors are carried in this way, enabling individuals, families and communities to know where they have come from and where they are heading. As Mick Dodson (1994) points out;

“ The repossession of our past is the repossession of ourselves.”⁴

Prior to colonisation, Aboriginal people lived within a structured, inclusive society with a comprehensive system of governance and law. There were extensive intact family kinship networks and Aboriginal people appeared to enjoy a relatively good state of health. Following colonisation however, there are several prominent issues that arise from the many traumas that ensued including the decimation of the Aboriginal population over generations. This historical legacy must be considered in order to understand the deplorable state of Aboriginal health in 2004 and include the cumulative effects of:

- Dispossession from traditional lands
- Massacres
- Exposure to introduced diseases



- Incarceration of men, women and children
- Extreme legislative control over all facets of life
- Radical changes in diet, nutrition and physical activity
- Fragmentation of family over generations especially through the forced removal of children
- Discrimination against and segregation of Aboriginal peoples
- Exclusion from health care and education

TRAUMA AND GRIEF

The historical context of Aboriginal history since colonisation is one of profound trauma resulting in a sense of powerlessness and multigenerational grief that is experienced both within and across Aboriginal communities throughout Australia. The level of trauma that has been sustained over generations combined with the sheer physical stress required for survival for an entire cultural group has taken a very significant toll. The effect of these stresses on immune systems, biology, physiology and neurochemistry must be considered. As well, the cumulative effect of grief and loss cannot be underestimated in light of current levels of morbidity. It is also important to understand the impact of these traumas on health from the cultural perspective. For example, the connection to 'country' is seen by Aboriginal peoples as central to their health and wellbeing. What then is the impact of the dispossession of peoples from their homelands and in some cases the inability to return or fulfil cultural and spiritual obligations to country? Where whole communities have been displaced the whole community may potentially suffer ill health with flow-on effects for generations.

LOSS OF FAMILY

When considering the decimation of the Aboriginal population, the effects can be felt at all levels of the population group. Not only was there the loss of individual family members but in some cases, family groups and entire communities died out potentially affecting the whole balance of life. The more profound level of stress associated with deaths from massacres, deliberate poisoning and frontier violence should not be underestimated. High rates of incarceration, particularly of the men have impacted on the ability of family groups to be protected, hunt for food, and develop prosperous family systems. This also left women and children vulnerable to exploitation and sexual abuse. As the prison system was an introduced concept (there was no equivalent in Aboriginal society), the impact of incarceration on growth and development as well as the emotional cost of being confined for prolonged periods of time has often been underestimated. Some of the missions where children were housed were 'locked' institutions as were the 'lock hospitals' where parents and children with infectious diseases such as leprosy were confined. This loss of freedom and space was previously unknown.

LEGISLATION AND CONTROL

The impact of the legislation particularly after 1900 is worth noting. The extreme measures of control in place over all aspects of daily life, included where Aboriginal people could live, work and congregate. Children were considered to be under the legal guardianship of the Chief Protector. Parents lived under the fear of child removal and made many sacrifices in order to maintain the care of their children.



The 1997 “Bringing Them Home” Report documents the devastating impact of the forced removal of Aboriginal and Torres Strait Islander children from their families and the ongoing fragmentation of families today. Importantly the impact on physical health should be noted:

*“The inquiry found that the experiences of forcibly removed children overwhelmingly contradict the view that it was in their ‘best interests’ at the time. A 1994 Australian Bureau of Statistics (ABS) survey found people who were forcibly removed in childhood are twice as likely to assess their health status as poor or only fair (29%) compared with people who were not removed (15.4%)”*⁵

The report also highlights the ongoing effects of institutionalisation on generations of Aboriginal men, women and children.⁶

POVERTY AND NEGLECT

The impact of significant and sustained changes in diet, lifestyle and physical activity of Aboriginal families is important. A population was transformed from essentially a healthy hunter-gatherer lifestyle to one of food rations, mission life and forced labour. At times food was inadequate, rations sometimes consisted of flour, sugar and tea, and even missions struggled to feed the children. The “Bringing Them Home Report” documented the harsh conditions children endured:

*“The Inquiry found that the conditions of missions, government institutions and children’s homes were often very poor. Resources were insufficient to improve them, or keep children properly clothed, fed and sheltered.”*⁷

It is also important to consider that the magnitude of the trauma experienced by Aboriginal peoples increased over time due to both the scale (every community eventually becomes affected in some way) and the longevity (over multiple generations).

DISCRIMINATION AND EXCLUSION

The devastating effects on health of the exposure to new diseases such as smallpox, influenza and venereal diseases over the past 200 years is well documented. However, it is less well known that legislation to enforce public health measures to contain the spread of these diseases constituted some of the earliest enforced segregation (Briscoe, 2003).⁸ This brought about a concentration of Aboriginal people in conditions where the effects of disease and poverty were compounded. Since then Aboriginal peoples have endured many other forms of discrimination including forms of segregation in transport, public facilities, schools and hospitals. In some cases, Aboriginal people had to apply for a permit to enter a country town or risk prosecution. There were also few avenues open for appeal or to escape the discriminatory practices adding to the stress of trying to just survive let alone ensure the safe and healthy development of children. The exclusion of Aboriginal peoples from health care as well as past inappropriate health care practices may still be affecting attitudes and outcomes today. When mainstream health care shows little understanding of cultural differences and the meaning of illness, and if one’s experience of health care is significantly distressing, the chances of successful outcomes are reduced. Hunter (1991) makes some important observations about the historical roles and influence of doctors in Aboriginal medicine:



“The racist ideology that allowed, on the one hand, exploitation and ill-treatment of Aborigines, and which on the other lamented the “passing of the Aborigines”, was contributed to by the medical profession.”⁹

The implications for a population of a history of near annihilation are both profound and prolonged. Given the impact of this history in its totality, the question of genocide as it is currently defined in International law needs to be raised.¹⁰ The ‘Bringing Them Home’ Report, discusses the forcible removal of Aboriginal children from their families as an act of genocide.¹¹ The deliberate fragmentation of Aboriginal families and society has profoundly affected the ability to trust those in authority as well as trust in the decision making processes on issues which directly affect Aboriginal people’s lives and remains a significant issue in the process of reconciliation.

INTERNATIONAL CONTEXT

Although there have been some significant improvements in Aboriginal health over time, the discrepancy between the health status of Aboriginal peoples and the rest of Australia continues with a widening gap in life expectancy.¹² From an international perspective, many of the world’s Indigenous peoples have experienced similar levels of morbidity, socio-economic disadvantage, poor access to health services and ongoing marginalisation and yet significant inroads have been made in reducing the gap in health inequities in formerly colonised countries. According to the AMA Public Report Card 2002;

“In the late 1990s, Canada, NZ, and the US reduced the gap between their Indigenous and non-Indigenous populations [life expectancy] to between 5 and 7 years – compared to Australia’s 20 years.”¹³

Ring and Firman in their 1998 study comparing the health status of Indigenous peoples in Canada, the USA, New Zealand and Australia make an interesting observation:

“...Treaties, no matter how loosely worded, have appeared to play a significant and useful role in the development of health services and in social and economic issues, for the indigenous people of New Zealand, the United States and Canada.”¹⁴

What has emerged from the discussion is a complex set of historical factors that individually and in combination have impacted on physical health and development across the age spectrum and continue to underlie the poor health outcomes for Aboriginal peoples. Although some of these factors cannot be altered, some are still to be recognised and resolved within the present context. Importantly Aboriginal children continue to grow up struggling to reconcile conflicting versions of Australian history making it all the more difficult to accept and comprehend. Where there is denial, secrecy and continuing semantic debates our ability to put the past to rest is severely compromised, and the potential for future uncertainty becomes all the more apparent.¹⁵

THE PRESENT CONTEXT

The ill-health burden carried by Aboriginal communities impacts significantly on future prosperity. The continuing high rates of incarceration of Aboriginal people and child removal under care and protection orders combined with the high levels of morbidity and premature death of community members highlights the continuing loss and fragmentation of family. There appears to be little time to grieve before



another loss or traumatic event impacts on the community. Many children have already experienced the loss of several family and community members by the time they reach adolescence.¹⁶ The cycle of disadvantage, fragmentation of families and discrimination continues unabated.

RESILIENCE

At the same time, the strengths and resilience within Aboriginal families should not go unrecognised. Despite high levels of adversity and illness, families and communities continue to support each other, take their obligations seriously, share their resources and show considerable tolerance, humour, patience and compassion. From a clinical perspective, children often show remarkable resourcefulness, respect, enthusiasm for life and respond well to clinical interventions. The present state of health for Aboriginal children must be understood in the context of family, culture and society. The Aboriginal kinship system continues to operate as a significant attachment system which confers benefits for children's health and wellbeing throughout their development. Child rearing practices, family structure, roles and responsibilities all need to be viewed from this important cultural perspective.

Although there have been many prominent and successful Aboriginal people in Australia, there is still a lack of positive male and female role models across professions. Negative stereotyping of Aboriginal people continues to exist in Australian society, particularly in the media. Reports depicting Aboriginal people as a 'problem' are not always adequately balanced by positive images of competent, successful Aboriginal people and families. This impacts on how our children view their future prospects and place in Australia and is further complicated by the many other unresolved issues that continue to affect the lives of Aboriginal peoples. These include the role of reconciliation, native title, and the issues surrounding the 'Stolen Generation'. While there are ongoing debates over an apology, Aboriginal and Torres Strait Islander identity, compensation, and sovereignty, the unresolved burden of trans-generational trauma and grief continues to accumulate.

PHYSICAL HEALTH

From a developmental and biological perspective, the cycle of ill health begins very early, possibly even prior to conception with the presence of many risk factors already evident in the Aboriginal population. In particular tobacco use, poor maternal health, obstetric complications, low birth-weight and higher infant mortality rates continue to cause concern. The Indigenous infant mortality rate remains more than twice that of the total population while Indigenous mothers are twice as likely as non-Indigenous mothers to deliver babies of low birthweight.¹⁷ Failure to thrive and infectious diseases are all too common. Some diseases still prevalent in Aboriginal children are virtually non-existent in the non-Aboriginal community, for example, rheumatic fever, causing significant life-long morbidity. In their review 'Rheumatic Fever in Aboriginal Children', Currie and Brewster (2002) have identified that although morbidity and mortality from rheumatic heart disease can be improved in the short term, addressing the underlying issues of overcrowding and poor living conditions remains a "National responsibility".¹⁸

Aboriginal children suffering from chronic otitis media may develop significant problems with hearing, placing their language development and learning at risk. Anaemia and poor nutrition also appear to be common. If these basic health problems are not addressed early in life, Aboriginal children may struggle to make the expected developmental milestones placing their health, education, development and wellbeing at risk and increasing the likelihood of chronic disease as adults.



Due to the illness burden and presence of complicated chronic disease requiring specialist medical care, for example chronic renal failure, families may again be separated through hospitalisation or transfer to major hospitals. Children naturally worry about the health of their families and may take on additional roles within the family in order to share the responsibility of care. The markedly reduced life expectancy of Aboriginal people can have significant practical implications for children with there being fewer older relatives within the extended family available to provide support. Similarly, the need for placing children in alternative care arrangements due to parental illness is also a particular concern for Aboriginal families.

HOLISTIC HEALTH

To fully understand the physical health of today's Aboriginal children, consideration needs to be given to its interplay with other dimensions of health. The role of psychological development, social and community life, spiritual development and cultural heritage are all of importance to children's health and wellbeing but beyond the scope of this first volume of findings. Healthy psychological development is fundamental to good physical health but many Aboriginal children continue to suffer from the burden of chronic stress and trauma. Some have not had the opportunity to experience the innocence of their youth nor the freedom to play and discover the world before being confronted by the harsh reality of life and death, abuse and discrimination, exclusion and incarceration. There are few services adequately equipped to deal with these issues with even less availability in rural and remote locations. Children benefit from having stimulating and well-resourced environments in order to enhance their potential for development yet this is often not the case given the socio-economic disadvantage present in many communities.

Children grow and develop within the cultural constructs of their family and community. This influences the way they see the world, experience life, develop behaviours, adapt to stressors and give value and meaning to existence. Health, wellbeing and illness are also experienced within an Aboriginal cultural and family context and this can have a profound influence over symptom formation, interpretation and meaning of illness, understanding and acceptance of treatment. The development of culturally secure health care practices is an evolving process and has significant potential for influencing the way health care is delivered in the future. Spirituality is another important dimension of children's health and wellbeing through the way it gives meaning and significance to life, experiences and relationships. Children's spiritual beliefs and experiences are tempered by their Aboriginal heritage and parent's belief systems and treatment may need to be considered from this viewpoint.

FUTURE DIRECTIONS

Aboriginal culture and community has endured and remains vibrant and dynamic. Aboriginal people have achieved at all levels in society and have made significant inroads across professional disciplines. Our children are growing up into a new era of freedom, opportunity, achievement, cultural renaissance and pride in Aboriginal identity. Many of the strengths of Aboriginal society are based on the inclusive nature of kinship and the sense of being connected for eternity. Surely this strength in family, the importance of relationships and the great value placed on children is desired by all of society.

A critical part of the solution for the physical health burden for Aboriginal people in Australia rests in acknowledging the past, understanding the present and redefining the future relationship between Aboriginal and non-Aboriginal society. In a



country with first class health care, world renowned researchers, and leading edge technology, the gap between the health status of Aboriginal and non-Aboriginal peoples is almost beyond comprehension and must be addressed. Growing healthy children seems to be the most obvious answer to preventing chronic disease.

Health is a complex issue and solutions have not been easily found but it is important to build on existing knowledge and what has been achieved in advancing Aboriginal health. This includes:

- The knowledge, commitment and expertise that already exists within the Aboriginal community
- The contribution of Aboriginal community controlled health organisations in health care delivery
- The growing number of Aboriginal health professionals
- The many innovative health programmes currently being delivered
- The developing partnerships and collaboration in health care across other sectors
- The many excellent reports and research already completed.¹⁹

The expertise and contribution of Aboriginal peoples at a community and professional level has not always been fully recognised or valued appropriately. There continues to be a lack of holistic, culturally secure health care delivery and planning. Difficulties ensuring adequate resources and funding for programmes to operate successfully are ongoing, and there has been a chronic failure on the part of successive governments to fully implement the many useful recommendations made in previous reports and inquiries.

While it is imperative to address the current burden of ill-health, we must also consider the broader socio-political and historical contexts under-pinning our systems of care and the significant impact of sectors outside the health arena. This requires generational planning for the health of our children and learning from our Aboriginal elders as well as from the significant inroads into health being made by other indigenous peoples in New Zealand, Canada and the USA. It is in this context that the comment made by Dr Phelps, President of the Australian Medical Association in 2002 is of particular relevance:

*“It is an anomaly that Australia does not have a treaty. It is the only Commonwealth country colonised by the British that does not have one in some form. It is an anomaly that has left the rights and obligations of Australia’s indigenous peoples unclear. It has led to an historical legacy of unfinished business so that issues such as indigenous health have no framework for progress.”*²⁰

This highlights the roles of self-determination and sovereignty in their relationship to health and health care delivery. The “Social Justice Report 2002” provides a valuable discussion on the importance of self-determination and states:

*“Essential to the exercise of self-determination is choice, participation and control. The essential requirement for self-determination is that the outcome corresponds to the free and voluntary choice of the people concerned.”*²¹

Recognising Aboriginal sovereignty acknowledges the rightful place Aboriginal peoples have in the history and development of Australia as a nation. It also



recognises the central importance Aboriginal culture plays in the identity of Australia that so often receives accolades internationally. In this view, Aboriginal people are ‘core business’ for ensuring the health of all of Australia including the health of the land. Acknowledging Aboriginal sovereignty also acknowledges a pathway for co-existence based on mutual respect, equality, tolerance and understanding of difference. Aboriginal children should be proud of what their ancestors achieved as custodians of Australia for many thousands of years and look forward to their grandchildren living healthy, prosperous lives in such a unique and bountiful country.

Our children are our future, their health and development is everybody’s business.



ENDNOTES

- 1 Swan P, Raphael B, Ways Forward, Aboriginal and Torres Strait Islander Mental Health National Policy Consultancy Report 1995, includes a discussion on Torres Strait Islander mental health issues.
- 2 A National Aboriginal Health Strategy: Report of the National Health Strategy Working Party: 1989. Canberra.
- 3 Ways Forward, Aboriginal and Torres Strait Islander Mental Health Policy. National Consultancy Report. 1995: part 1, p13.
- 4 Dodson M, 'The Wentworth Lecture. The end in the beginning: Re(de)fining Aboriginality', Australian Aboriginal Studies No 1, 1994: www.aiatsis.gov.au.
- 5 Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families: Community Guide, pg 19: HREOC www.austlii.edu.au/.
- 6 Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families: HREOC www.austlii.edu.au. The full report is recommended reading for further information on personal accounts and generational effects.
- 7 Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families: Community Guide, pg 15: HREOC www.austlii.edu.au.
- 8 Briscoe G. Country, health and identity: A history of Aboriginal health and demography in Western Australia and Queensland 1900 – 1940. Aboriginal Studies Press: Canberra, 2003.
- 9 Hunter E. Stains on the Caring Mantle. Doctors in Aboriginal Australia have a history. Medical Journal of Australia 1991; 155: 779-783, pg 780.
- 10 For further discussion on Genocide in Australia, see Tatz, C. Genocide in Australia. AIATSIS Research Discussion Papers No 8 1999. Available at www.aiatsis.gov.au/rsrch/rsrch_dp/genocide.htm.
- 11 Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their families: Community Guide, pg 27: HREOC www.austlii.edu.au.
- 12 Ring I, Firman D: Reducing Indigenous Mortality in Australia: lessons from other countries. Medical Journal of Australia 1998; 169: 528-533.
- 13 AMA Public Report Card 2002 Aboriginal and Torres Strait Islander Health No More Excuses. Canberra AMA, Media Releases 24th May 2002. Available at www.ama.com.au.
- 14 Ring I, Firman D. Reducing Indigenous Mortality in Australia: lessons from other countries. Medical Journal of Australia 1998; 169: 528-533.
- 15 Recommended reading regarding the debate over Aboriginal history and the Stolen Generations, Robert Manne discusses these issues at length. See Manne, R. In Denial: The Stolen Generations and the Right. Published by Black Inc., 2001. Melbourne.
- 16 There are a growing number of web sites containing the health, justice and welfare data for Aboriginal and Torres Strait Islander peoples including: Human Rights and Equal Opportunity Commission; Australian Institute of Family Studies; Edith Cowan Health Infonet; Australian Bureau of Statistics; State and Commonwealth Departments of Health and Justice.
- 17 AMA Public Report Card 2002 Aboriginal and Torres Strait Islander Health No More Excuses. Canberra AMA, Media Releases 24th May 2002. Available at www.ama.com.au.
- 18 Currie BJ, Brewster DR. Rheumatic Fever in Aboriginal Children (Editorial) Journal of Paediatrics and Child Health, Vol 38(3). June 2002. Pg 223-225.
- 19 There are too many reports to mention here but include The Bringing Them Home Report, Ways Forward, The Royal Commission into Aboriginal Deaths in Custody, The Gordon Inquiry, The National Aboriginal Health Strategy, The National Strategic Framework for Social and Emotional Wellbeing plus the annual reports into health from state and commonwealth departments.
- 20 Phelps K, AMA President: Speech to the ATSIC National Treaty Conference, Canberra 29th August 2002. www.ama.com.au.
- 21 Social Justice Report 2002: Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner to the Attorney-General as required by section 46C(1)(a) Human Rights & Equal Opportunity Commission Act 1986. Page 29. There are many other important discussion papers on self-determination including the United Nations Permanent Forum on Indigenous Issues.



